

DECLARATION AND POWER OF ATTORNEY

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled ROPE-SECURING DEVICE, the specification of which

[illegible]

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UTILITY

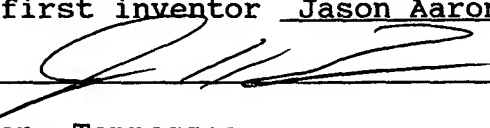
<u>(Application Serial No.)</u>	<u>(Filing Date)</u>	<u>(Status)</u> (patented, pending, abandoned)
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I hereby claim benefit under Title 35, United States Code §119(e) of the United States provisional application listed below:

<u>Application Number</u>	<u>Filing Date (MM/DD/YYYY)</u>
<u>60/405,841</u>	<u>August 26, 2002 (08/26/02)</u>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following attorney, with full power of substitution and revocation, to prosecute the application and to transact all business in the United States Patent and Trademark Office connected therewith and request that all correspondence and telephone calls in respect to this application be directed to MICHAEL E. MCKEE, Attorney at Law, 804 Swaps Lane, Knoxville, Tennessee 37923. Telephone No. (865) 694-0961. Registration No. 30,296.

Full name of sole or first inventor	<u>Jason Aaron Brown</u>
Inventor's signature	<u></u>
	<u>08/19/03</u> Date
Residence	<u>Clinton, Tennessee</u>
Citizenship	<u>United States of America</u>
Post Office Address	<u>400 Eagle Bend Lane</u> <u>Clinton, TN 37716</u>

UTILITY

Full name of second inventor, if any _____

Second inventor's signature _____ Date _____

Residence _____

Citizenship _____

Post Office Address _____

* * *

ADDRESS CORRESPONDENCE:

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